

SAMPLE FEEDBACK WORKSHEET

V. STRENGTHS:

VI. RECOMMENDED IMPROVEMENT AREA(S), IF ANY: SUGGESTED GOALS:

_____ RATER INITIALS IF NO RECOMMENDED IMPROVEMENTS/RATEE IS MEETING ALL EXPECTATIONS.

VII. RECOMMENDED PROFESSIONAL/ACQUISITION COURSES, IF APPLICABLE (ADVANCED DEGREE, ACQ/SYS COURSES, DSMC):

VIII. RECOMMENDED PME, (SOS, ISS, SSS, RESIDENCE/SEMINAR/CORRESPONDENCE):

IX. RECOMMENDED NEXT/FUTURE ASSIGNMENTS, (BASE-LEVEL, STAFF, JOINT, CONUS, OVERSEA):

X. ADDITIONAL COMMENTS (OES, MENTORING, ETC.):

RATER SIGNATURE

DATE

RATEE SIGNATURE

DATE

NOTE: Use this sample worksheet in place of AF Form 724A/B, Side 2. Although feedback will be recorded on the AF Form 724A/B, the topics on this sample form will be used when counseling AFMC officers. This sample worksheet has been submitted to HQ USAF for Air Force-wide use.